

Name of Person Signing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney's Bar Number (if applicable): \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA COUNTY OF MARICOPA

\_\_\_\_\_  
 Name of Petitioner

Case Number: \_\_\_\_\_

Conciliation Case Number: \_\_\_\_\_

### PETITION FOR CONCILIATION COUNSELING

\_\_\_\_\_  
 Name of Respondent

\_\_\_\_\_  
 Name of Judge assigned to your Superior Court case  
 (if applicable).  
 If unknown call: (Phoenix) 602-506-1561  
 (Mesa) 602-506-2021

I, \_\_\_\_\_, respectfully represent as follows:

1. A controversy/disagreement between my spouse and myself exists. The help of the court is requested to effect a reconciliation or an amicable settlement of the controversy.
2. I fully understand that this Petition may not be withdrawn from Conciliation Services until the minimum required conferences have been concluded, or until the court ends the proceedings.
3. To the best of my knowledge, there ☐ is OR ☐ is not a Domestic Relations action (annulment, legal separation, or divorce) pending between my spouse and myself.
4. A Petition for Conciliation Counseling ☐ has or ☐ has not been previously filed in this court by either spouse.
5. My present address and telephone number is:

Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

6. My spouse's present address and telephone number is:

Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

7. The name(s) and age(s) of each minor child, including any stepchild(ren), whose welfare may be affected by the controversy are: (use additional sheets of paper if necessary.)

Name and Age: \_\_\_\_\_  
 Name and Age: \_\_\_\_\_  
 Name and Age: \_\_\_\_\_

Case No. \_\_\_\_\_

8. Do you or the other party need an interpreter? Yes ☐ No ☐ If yes, what language? \_\_\_\_\_

**RELIEF REQUESTED.** Therefore, I request that the parties be ordered to attend Conciliation Services in an effort to effect a reconciliation of the spouses, or an amicable settlement of the controversies involved.

Today's Date: \_\_\_\_\_  
Signature of Person Requesting Conciliation Counseling

**Your attorney's name, address and telephone number:**

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Your spouse's attorney's name, address, and telephone number:**

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_